

Topiramate

Goal(s):

- Approve topiramate only for funded diagnoses which are supported by the medical literature (e.g. epilepsy and migraine prophylaxis).

Length of Authorization:

- 90 days to lifetime

Requires PA:

- Non-preferred topiramate products

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Does the patient have diagnosis of epilepsy?	Yes: Approve for lifetime (until 12-31-2036)	No: Go to #3
3. Does the patient have a diagnosis of migraine?	Yes: Approve for 90 days with subsequent approvals dependent on documented positive response for lifetime.	No: Go to #4
4. Does the patient have a diagnosis of bipolar affective disorder or schizoaffective disorder?	Yes: Go to #5	No: Go to #6
5. Has the patient tried or are they contraindicated to at least two of the following drugs? <ul style="list-style-type: none"> • Lithium • Valproate and derivatives • Lamotrigine • Carbamazepine • Atypical antipsychotic Document drugs tried or contraindications.	Yes: Approve for 90 days with subsequent approvals dependent on documented positive response for lifetime approval.	No: Pass to RPh; Deny; medical appropriateness. Recommend trial of 2 covered alternatives.

Approval Criteria

<p>6. Is the patient using the medication for weight loss? (Obesity ICD10 E669; E6601)?</p>	<p>Yes: Pass to RPh. Deny; not funded by the OHP AND weight loss drugs excluded by state plan.</p>	<p>No: Pass to RPh. Go to #7</p>
<p>7. All other indications need to be evaluated for appropriateness:</p> <ul style="list-style-type: none"> • Neuropathic pain • Post-Traumatic Stress Disorder (PTSD) • Substance abuse 	<p>Use is off-label: Deny; medical appropriateness. Other treatments should be tried as appropriate. Use is unfunded: Deny; not funded by the OHP. If clinically warranted: Deny; medical appropriateness. Use clinical judgment to approve for 1 month to allow time for appeal. MESSAGE: "Although the request has been denied for long-term use because it is considered medically inappropriate, it has also been APPROVED for one month to allow time for appeal."</p>	

P&T Review: 10/21 (DM); 10/20 (DM); 6/2020 (DM); 5/19 (KS); 1/19 (DM); 7/18; 3/18; 3/17; 7/16; 3/15; 2/12; 9/07; 11/07
 Implementation: 4/18/15; 5/12, 1/12